


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 003 ***150.00

DOCUMENT # P02000008082		
1. Entity Name D&S SALES CORPORATION, INC.		

Principal Place of Business 3660 MAX PLACE 106 BOYNTON BEACH, FL 33436	Mailing Address 3660 MAX PLACE 106 BOYNTON BEACH, FL 33436
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2. Principal Place of Business 7507 VIA LURIA Suite, Apt. #, etc.	3. Mailing Address 7507 VIA LURIA Suite, Apt. #, etc.
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City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33467	Country USA

6. Name and Address of Current Registered Agent STATEMAN, DAVID A 3660 MAX PLACE 106 BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name: DAVID A. STATEMAN Street Address (P.O. Box Number is Not Acceptable) 7507 VIA LURIA City: LAKE WORTH FL Zip Code: 33467	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>David A. Stateman</i>	DATE: 1/5/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STATEMAN, DAVID A. 3660 MAX PLACE # 106 BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID A. STATEMAN 7507 VIA LURIA LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STATEMAN, SONORA H 3660 MAX PLACE # 106 BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SONORA H. STATEMAN 7507 VIA LURIA LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>David A. Stateman</i>	DATE: 1/5/05

40017340



01052005 Chg-P CR2E034 (10/03)

4. FEI Number 90-0002974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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